

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Whitesville* Town *Monroe* CountyDate of death *1903* Month *3* Day *23* Age *17* Years Months DaysSex *Male* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Quinton Brittingham* Father's BirthplaceMother's Maiden Name *S.M. Brittingham* Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Spinal disease* How longImmediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J Radcliffe Farlow
Whitesville

Accident or Suicide?

True Copy
Dr E R Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant -

Died at *Salisbury* Town

County

MARYLAND

Date
of death 1903Month
3Day
3

Age

Years

Months

Days
2

Sex

*white*Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Chas E. Bennett*Father's
BirthplaceMother's
Maiden Name*Ida Oliphant*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

convulsions

How long

36 hrs

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr Morris*

Address

*Salisbury**MD*

Accident or Suicide?

True Copy
Dr C R Trust

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Infant -*
Died at *Salisbury* Town *Thomson* County
Date of death *1903* Month *3* Day *11* Age *Years* Months Days

Sex *white* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Chas Davis* Father's Birthplace

Mother's Maiden Name *Lee Granger* Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary How long

Immediate *Premature birth* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

True Copy
Dr C. R. Truett

Name
in
Full

Margaret Goslee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Quantico</i>		Town <i>Quantico</i>		County <i>Accomack</i>	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>31</i>	Age <i>75</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>George Goslee</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Dashiell</i>	
	Address <i>Quantico Md</i>	
Accident or Suicide?		

True Copy
Dr C R Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Lee Davis</i>				County <i>Thomson</i>		MAYLAND	
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Thomson</i>		MAYLAND	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>24</i>		Years <i>33</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place		Months <i>7</i> Days <i>29</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>Chas H Davis</i>			
Father's Name <i>Eben Gravenor</i>				Father's Birthplace			
Mother's Maiden Name <i>Belle Kelly</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Breast</i>		How long	
Immediate <i>Sepsis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr Dick</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			

True Copy

Dr C. R. Truitt

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Thiomas</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>16</i>	Age <i>60</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Harry Parker</i>			
Father's Name <i>Jacob Hearn</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralyzed</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Hill</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	

True Copy

Dr @ R True &

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Salisbury*

County

Date
of death *1903*Month
*3*Day
30

Age

Years
*1*Months
*6*Days
*13*Sex *Female*Color or
Race*white*Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Joseph C Hill*Father's
BirthplaceMother's
Maiden Name*Ida Robinson*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Grippe & Gastro Intest. Infection

How long

Immediate

Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr Morris*

Address

*Salisbury
Md*

Accident or Suicide?

True Copy
Dr C R Smith

Name
in
Full

Gattie Hitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Quantico</i> ^{Town}			<i>Shannon</i> ^{County}			MARYLAND	
Date of death	1903	Month 3	Day 30	Age 65	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Robert Hitch</i>				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long
Immediate		How long <i>8 or 9 yrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Dashiell</i>
		Address <i>Quantico Md</i>
Accident or Suicide?		

True copy
W. C. R. Smith

Name
in
Full

Thos H. Knowles

CERTIFICATE OF DEATH

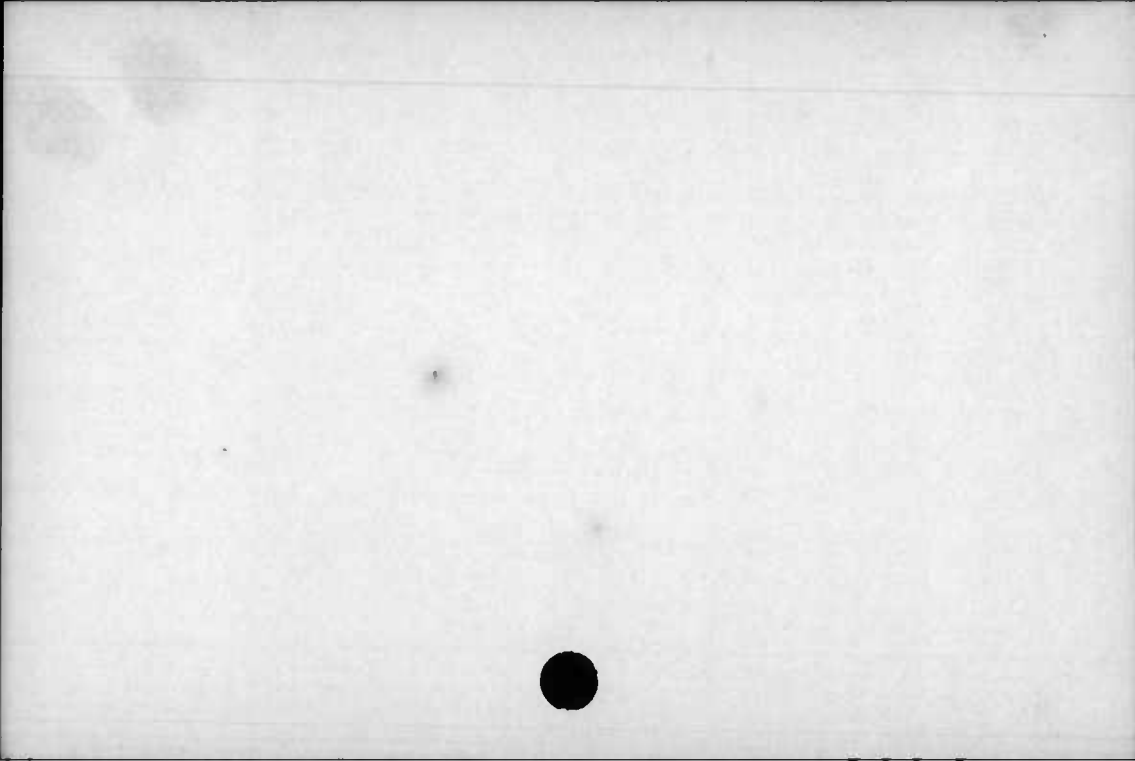
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Salisbury</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>03</i>	Day <i>13</i>	Age <i>73</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thos Knowles</i>			Father's Birthplace		
Mother's Maiden Name <i>Eliza Wallace</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i> yrs</i>
Immediate <i>Apoplexy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Dick</i>
	Address <i>Salisbury Md</i>
<i>8</i> Accident or Suicide?	



Name
In
Full

John Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Quantico</i> ^{Town}		<i>Thomson</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>7</i>	Age <i>61</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>—</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Betsy</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Dashiell</i>
	Address <i>Quantico Md</i>
Accident or Suicide?	

True Copy
Dr C. R. Truett

Name
in
Full

Roxie Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Powellville

County

Date
of death 1903

Month 3

Day 20

Age _____ Years

Months 2

Days

Sex Female

Color or
Race

white

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Deep cold

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr Freeman

Address

Pittsville

Md

Accident or Suicide?

True Copy
Dr C R Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eva Parker

Died at ^{Town} Salisbury^{County} Incomie's

MARYLAND

Date
of death 1903

Month 3

Day 27

Age

Years 22

Months 2

Days 29

Sex

Female

Color or
Race

colored

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Parker

Father's
BirthplaceMother's
Maiden Name

Millie Parker

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Grippe

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. Shumore

Address

Salisbury
Md

Accident or Suicide?

True Copy

W C R Twitt

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		3	10 th	41			
Sex		Color or Race		Birth-place			
Male		white					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Albert Steunou							
Elizabeth Ker							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis	How long	6 mos
Immediate	La Grippe	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr Louis Morris	
		Address	
		Salisbury	
		Md.	
Accident or Suicide?			

True Copy
or C R Truett

Name in Full		Martha Truitt				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town			County		MARYLAND		
		Died at							
		Date of death	1903	Month 3	Day 9	Age 8	Years	Months	Days
		Sex	Female		Color or Race	white		Birth- place	Powellville
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed			Name of Wife or Husband				
		Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace						
Name of person giving In formation			L. T. Rayne		How related to deceased				
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Whooping Cough				4 weeks			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address					
Accident or Suicide?									

True Copy

Dr C R Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Silas J. Truitt.</i>				Town <i>Whitesville</i>		County <i>Meconico</i>		MARYLAND					
Died at		Date of death		Month		Day		Years		Months		Days	
		<i>1903</i>		<i>3</i>		<i>30</i>		<i>76</i>					
Sex <i>Male</i>				Color or Race <i>white</i>				Birth-place					
Occupation						Where Residing if not at place of death							
Married, Single or Widowed						Name of Wife or Husband							
Father's Name						Father's Birthplace							
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information						How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Old age</i>		<i>3 mos</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. Radcliffe Farlow</i>	
		Address	
		<i>Pittsboro</i>	
		<i>Md.</i>	
Accident or Suicide?			

True copy
Dr C R Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida Tyndall</i>		Town <i>Salisbury</i>		County <i>Thomson</i>		STATE <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>3</i>		Day <i>27</i>		Age <i>3</i>	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>27</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>Levin Tyndall</i>			
Father's Name <i>Eben White</i>				Father's Birthplace			
Mother's Maiden Name <i>Katherine Kenny</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Low Grippe, Valente, I phritis</i>		How long	
Immediate <i>Uræmia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr Louis Morris</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			

True Copy
Dr C R Smith

Name
in
Full

Mary B. Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Salisbury

County

Date
of death 1903Month
3Day
11Age
73

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

James Williams

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Nervil break down

How long

2 yrs

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. Stearns

Address

Salisbury

Md

Accident or Suicide?

True Copy
Dr C. R. Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bridget-Williams</i>						TOWN		County		STATE	
Died at <i>Rock-a-walkin</i>						TOWN		County		STATE	
Date of death		Month		Day		Years		Months		Days	
1903		3		31		Age 80					
Sex				Color or Race				Birth-place			
Occupation						Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband <i>Henry Williams</i>							
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James M. Jones</i>	
		Address <i>Quantico Md</i>	
Accident or Suicide?			

True Copy
of the Manuscript

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i>		County <i>Thomson</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>17</i>	Age <i>72</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of wife or Husband <i>John Wright</i>			
Father's Name <i>Dufaney Wright</i>				Father's Birthplace	
Mother's Maiden Name <i>Sallie Hill</i>				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>4 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Dick</i>
	Address <i>Salisbury Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?	

True Copy

Dr C R Truth

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		County		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>28</i>	Age	Years	Months
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place		
Occupation		Where Residing if not at place of death			
Married , Single or Widowed		Name of Wife or Husband			
Father's Name <i>Walter Bright</i>			Father's Birthplace		
Mother's Maiden Name <i>Hester Wood</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Born dead</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. C. Holloway M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	

True Copy
Dr C. R. Truett